

# EXHIBIT PAGE

EXHIBITS #1 THROUGH #16



Exhibit #1

**WORKER'S COMPENSATION RETURN TO WORK REPORT  
AURORA OCCUPATIONAL HEALTH SERVICES**

10400 75th St  
Kenosha WI 53142-7884  
Phone: 262-948-7031  
Fax: 262-948-6717

June 20, 2018

**EMPLOYEE INFORMATION:**

**NAME:** Olton Dumas

**DOB:** [REDACTED] 57

**DATE OF INJURY/EVENT:** No linked episodes

**EMPLOYER INFORMATION:**

KENOSHA BEEF INTERNATIONAL

262-859-2272

**Location:** AURORA OCCUPATIONAL HEALTH-AMCK MOB

**Treating Provider:** CSK OCC HEALTH NURSE 2

**Time In:** 3:28 PM

**Time Out:** 3:59 PM

**DIAGNOSIS:**

1. Left groin pain

**STATUS:**

Causality remains uncertain

**RETURN TO WORK:**

Employee may return to work with restrictions.

**RESTRICTIONS:**

in effect at work and away from work, until specialist re-evaluation;

No lift carry push pull over 10 lbs

No squat kneel climb

**PLAN:**

Referral to general surgery specialist Monday 6/25 @ 1:45pm w/ Dr. Licup (262) 948-7380

Discharged from occupational medicine.

Thank you for the privilege of providing medical care for this patient.

If there are any questions, please call the clinic at 262-948-7031

Electronically signed by Terry Zehr, M.D  
Aurora Occupational Health and Wellness



Exhibit # 2

Travelers Prop Cas Co Of Americ  
P.O. Box 660456  
Dallas, TX 75266-0456

07/21/2018

Olton Dumas  
3514 50th St Apt. 109  
Kenosha WI 53144

**Employer:** Kenosha Beef International Ltd  
**Employee:** Olton Dumas  
**Date of Loss:** 06/20/2018  
**File Number:** 028 CB FCU9871 M  
**State Case Num:**

Dear Olton Dumas,

**Important information regarding your Workers Compensation Claim**

I am writing to update you on the status of your claim. Enclosed you will find an explanation of the medical care you have recently received that has been provided and paid in full by your employer and us on your behalf.

If you have any questions with your continued medical treatment or your claim, please contact me at the telephone number or email address listed below.

For more information about workers compensation and your claim, please visit [www.mywcinfo.com](http://www.mywcinfo.com).

Sincerely,

Connie Keeton,  
(630)961-4464 Fax: (877)786-5567  
(800)842-6172  
CKEETON@travelers.com  
Workers Compensation Unit

- 
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## Denial of claim

Your reply

Characters Remaining 5000/5000

You

Jul 24

I have just been informed that you have denied my claim, it was alleged that someone reviewed a video at the place of employment which showed that: " I was seen moving a machine on wheels with the help of other individuals on the date of injury, not the four machines I have to move daily and an essential part of my daily job. On that basis I was denied my claim and compensation rights as an injured employee. What's your view? Plus send me a copy of that video viewed by the employer or its agents.

---

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Privacy and Security

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## False representations by employer

Your reply

Characters Remaining 5000/5000

Jessica Raney

Jul 25

Olton,

I am sorry that the decision on your claim was not favorable.

Any company related documentation requests, would need to go through your employer.

I will provide you a denial letter so that you may submit your medical through your group health insurance. It will also provide the contact for the department should you wish to appeal this decision.

Thank you,

Jessica Raney

You

Jul 25

What is your protocol when there is a false representation advanced by the employer to hinder an employee's rights under workers compensation benefits?





Travelers Prop Cas Co Of Americ  
P.O. Box 660456  
Dallas, TX 75266-0456

Exhibit # 5

07/25/2018

Olton Dumas  
3514 50th St Apt. 109  
Kenosha WI 53144

**Employer:** Kenosha Beef International Ltd  
**Employee:** Olton Dumas  
**Claim Number:** FCU9871  
**Date of Injury:** 06/20/2018

Dear Olton Dumas,

I am writing to update you on the status of your claim. Based on the information we have received, we are unable to accept your claim for worker's compensation benefits. As such, please submit your medical bills to your group health insurance carrier.

If you think the information we based our decision on is incorrect, or if you have additional information you would like me to consider, please let me know immediately. You may also request a hearing before the Department of Workforce Development, Workers' Compensation Division.

The address of the Workers' Compensation Division is:

P.O. Box 7901  
Madison, WI 53707

If you have any questions, please contact me at the phone number or email address listed below.

Sincerely,

Jessica Raney  
Claim Professional  
Direct: (630)961-8694  
Office: (800)842-6172 Ext. 961-8694  
Fax: (877)786-5567  
Email: JRANEY@travelers.com



# State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator  
Office of Worker's Compensation Hearings  
P.O. Box 7922  
Madison, WI 53707-7922

Telephone: (608) 266-134  
FAX: (608) 266-001  
Email: DHAWCMail@wisconsin.gov  
Internet: Http://dha.state.wi.us

## ADMISSION TO SERVICE AND ANSWER TO APPLICATION

You are the **RESPONDENT** in this matter.

Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.  
Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

WC Claim Number <b>2018016081</b>	Employee Name <b>Olton Dumas</b>
Employee Social Security Number <b>xxxxx9261</b>	Employer Name <b>Kenosha Beef Intl. Ltd.</b>
Date of Alleged Injury <b>06/30/2018</b>	Employer Mailing Address <b>3111 152<sup>nd</sup> Ave., Kenosha, WI 53144</b>
Insurance Company Name <b>Travelers Prop. Cas. Co.</b>	Insurance Company Mailing Address <b>PO Box 660456, Dallas, TX 75266-0456</b>
Respondent Attorney Name <b>Richard C. Davis</b>	Respondent Attorney Mailing Address <b>PO Box 64093, St. Paul, MN 55164-0093</b>

The enclosed hearing application must be answered within 20 days by mailing a copy of the answer to the Office of Worker's Compensation Hearings and to applicant's attorney or applicant if unrepresented. Provide such responses as are now known and amend your responses later as necessary. The worker's compensation insurer has a duty to defend and submit an answer on behalf of the employer except that the employer must defend and submit its own answer as to the following claims: (I) 15% increased compensation for safety violation, Wis. Stat. 102.57; (II) refusal to rehire, Wis. Stat. 102.35 (3); (III) penalty for late payment against employer, Wis. Stat. 102.22; (IV) penalty for illegal employment of minor, Wis. Stat. 102.60; and (V) bad faith against employer, Wis. Stat. 102.18 (1) (bp). **Failure by the employer or insurer to file a timely answer may result in liability by default order.**

In answer to the application, using reverse side if additional space is necessary, the respondent states as follows:

1. The accident or occupational exposure occurred as alleged	<input type="checkbox"/> Admit <input checked="" type="checkbox"/> Deny
2. The relationship of employer and employee existed	<input checked="" type="checkbox"/> Admit <input type="checkbox"/> Deny
3. The parties were subject to the worker's compensation act	<input checked="" type="checkbox"/> Admit <input type="checkbox"/> Deny
4. At the time of alleged injury, the employee was performing service growing out of and incidental to employment	<input checked="" type="checkbox"/> Admit <input type="checkbox"/> Deny
5. The accident or disease causing injury arose out of the alleged employment	<input type="checkbox"/> Admit <input checked="" type="checkbox"/> Deny
6. Notice of injury was given to employer within 30 days/2 years of alleged injury	<input checked="" type="checkbox"/> Admit <input type="checkbox"/> Deny
7. Applicant was temporarily disabled for the period claimed If denied, state disability admitted:	<input type="checkbox"/> Admit <input checked="" type="checkbox"/> Deny
8. Applicant is permanently disabled to the extent claimed If denied, state disability admitted:	<input type="checkbox"/> Admit <input checked="" type="checkbox"/> Deny
9. The rate of wage claimed is correct If denied, state wage admitted: and attach a fully updated WKC-13-A	<input type="checkbox"/> Admit <input checked="" type="checkbox"/> Deny
10. The alleged employer was insured or self-insured under the Worker's Compensation Act	<input checked="" type="checkbox"/> Admit <input type="checkbox"/> Deny
11. Do you contend that additional parties must be joined for a complete resolution of applicant's claim? If "yes," attach expert opinions supporting joinder and explain who should be joined and why.	<input type="checkbox"/> Admit <input checked="" type="checkbox"/> Deny
12. Do you contend the employee was discharged or suspended for misconduct or substantial fault after being released to return to a restricted type of work during the healing period?	<input type="checkbox"/> Admit <input checked="" type="checkbox"/> Deny
13. Do you contend that indemnity or death benefits were not paid because the employee violated the employer's policy on alcohol or drug use and the violation was causal to injury?	<input type="checkbox"/> Admit <input checked="" type="checkbox"/> Deny
14. Describe any matters in dispute not already noted above and state all reasons for denying liability not already noted above. <b>Inconsistencies in history and reporting. Medical records initially indicated unknown causality. Investigation continues.</b>	

Insurance Carriers & Self-Insured Employers must attach an up-to-date WKC-13 and if wage is disputed, an up-to-date WKC-13-A.

Respondent Signature:	Date Signed: <b>09/05/2018</b>
Printed Name: <b>Richard C. Davis</b>	Title: <b>Attorney for Respondents</b>
Representing: <input checked="" type="checkbox"/> Insurance carrier and the insured interests of employer	<input type="checkbox"/> Insurance Carrier
	<input type="checkbox"/> Employer



Exh. b, 1 # 7





Exhibit # 8





RE: Olton Dumas  
Page 2  
February 15, 2019

not a treating physician of Mr. Dumas, I will be making no specific treatment recommendations.

### HISTORY

Mr. Dumas is employed by Kenosha Beef International Ltd. His job responsibilities are relative to duties in the pack off department. The job location is in the sanitation department. Mr. Dumas has more responsibilities relative to cleaning than moving machinery based on the job description.

On or around June 20, 2018, Mr. Dumas alleges that he pulled his left groin while moving four machines away from a conveyor belt in order to clean meat from behind the conveyor. There was no specific abdominal or groin trauma, but Mr. Dumas complained that he had a "funny" sensation in his groin area. Information provided to me stated that surveillance was reviewed between June 19, 2018, and June 21, 2018. There was an incident of Mr. Dumas moving two pieces of machinery that were on wheels and weighed approximately 50 to 70 pounds. There was a reported another machine on wheels weighing 200 pounds. Three people moved this machine a short distance without any issues.

The first of medical evaluations occurred at Aurora Health Care in Kenosha, Wisconsin, on June 20, 2018. The care was provided by Terry Zehr, M.D., at 10:06 a.m. At this time, Mr. Dumas complained of left groin discomfort and a sense of fullness. The physical activity at this time was reported to involve — pushing, pulling, lifting, and carrying objects at work. The intermittent focal mass seemed to come and go relative to activity. The mass was not apparent at the time of this evaluation. Physical examination by Dr. Zehr described focal symptoms in the left inguinal area without tenderness, warmth, or erythema, and without a palpable mass or hernia. The diagnosis at the time of discharge was left groin discomfort with causality stated as being uncertain. Mr. Dumas was referred to general surgery. It was recommended he have light duty until additional recommendations and diagnoses were made.

**J. JAY GOODMAN, M.D.**

Specialty: General Surgery  
Vascular Surgery

February 15, 2019

Amanda Tufano  
Travelers  
P.O. Box 3205  
Naperville, IL 60566-7025

**Medical Record Review**

**RE:**    Claimant:                      Olton Dumas  
         Claim/File Number:            FCU9871  
         Employer/Insured:            Kenosha Beef International Ltd.  
         DOB:                                03/24/1957  
         DOI:                                06/20/2018

*The following report will include the results and conclusions of my review of the information you supplied regarding Olton Dumas. No doctor-patient relationship has been established, and the claimant was not personally interviewed or examined.*

**BRIEF OVERVIEW**

I have been requested to review the medical records of Olton Dumas to determine if there is causation relative to a work incident reported to have occurred on June 20, 2018, and the diagnosis and repair of a left inguinal hernia in addition to an operative finding of a right inguinal hernia. Mr. Dumas has not been personally examined. A physician/patient relationship has not been established in the past, nor is it currently being established. Since I am



RE: Olton Dumas  
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On June 25, 2018, Alan Licup, M.D., a general surgeon, evaluated Mr. Dumas on recommendations of Dr. Zehr. In the history of the present illness, it was stated that Mr. Dumas noticed left groin pain a couple of weeks prior to this time. There was a pulling sensation in the left groin area. There was also swelling in the left groin area. Physical examination demonstrated that with cough and Valsalva maneuvers, there was evidence of a hernia in the left groin area which spontaneously reduced. It was recommended that surgical repair of a left inguinal hernia was indicated. There was a possibility that there may be an occult right inguinal hernia.

On July 17, 2018, at Aurora Health Care, Dr. Licup repaired bilateral indirect inguinal hernias. There were no unusual operative findings. Postoperative follow up demonstrated no surgical complications.

#### PAST MEDICAL HISTORY

Mr. Dumas is a current every day smoker.

There are no known allergies listed.

There is no significant medical or past surgical history reflected in the records provided for my review.

I do not see any type of daily or weekly medications listed in the records provided for my review.

#### MEDICAL RECORDS REVIEWED

All records provided to me were reviewed and are as follows:

1. The first medical evaluation was on June 21, 2018, at 10:05 a.m., by Terry Zehr, M.D.

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2. A surgical consultation on June 25, 2018, was provided by Alan Licup, M.D. Noted was a history of discomfort in the left groin, noticed a couple of weeks prior to this evaluation.
3. A pre-operative history and physical examination on July 2, 2018, was provided by Samantha Bouikidis, M.D.
4. An operative report dictated by Alan Licup, M.D., on July 17, 2018, described a laparoscopic repair of bilateral indirect inguinal hernias.
5. Postoperative evaluations were on July 20, 30, and August 14, 2018.
6. A job description listed activities and hours per day, lifting requirements, carrying requirements, and other job responsibilities.

#### IMPRESSION

It is my professional opinion, to a reasonable degree of medical probability, the work activities reported to have occurred on June 20, 2018, while under employment of Kenosha Beef International Ltd., are not causally related to the onset or progression of bilateral inguinal hernias and specifically the discomfort and mass in the left groin. It is my professional opinion that the indirect left inguinal hernia was pre-existing and progressively deteriorating in nature and would have required surgical repair, regardless of work activities as described. Additionally, the right inguinal hernia which was an incidental finding at the time of surgery and which was asymptomatic additionally is a pre-existing condition, also of a personal nature that was unrelated to the work incident as described.

My opinions are based on the following facts: The specific work incident of moving machinery on wheels with varying degrees of weight and materials would not be the type of physical activity that would result in either a left inguinal hernia or bilateral inguinal hernias. There was no specific abdominal or groin trauma. A traumatic abdominal hernia involves a blunt force to the



Olton Dumas  
2514 50<sup>th</sup> Street, Apt. 109  
Kenosha, WI. 53144

July ~~20~~<sub>24</sub>, 2019

TO: Attorney Richard C. Davis  
P.O. Box 64093  
ST. Paul, MN. 55164

Amanda Tufano, Claims Adjust  
Travelers Prop Cas of Amer Insurance Company  
P.O. Box 3205  
Naperville, IL. 60566-7025

In Re: **WC CLAIM NO: 2018-016081**  
**INJURY DATE: 06/20/2018**  
**EMPLOYEE: DUMAS, OLTON**  
**EMPLOYER: KENOSHA BEEF INTL LTD**  
**INSURER NO: 028CBFCU9871**

Dear Attorney Davis/Ms. Tufano:

This letter concerns the discussions had between us over the past few weeks concerning settlement of the workers compensation claim referenced above. You have made two offer of settlements in the amount of \$500.00, and later \$5,500.00. These offers bears no reasonable relationship to my injuries, or loses. Since my short-term disability benefits total is about \$1,500; and medical expenses alone total \$43,050.34 with an out-of-pocket cost at \$2,276.94. It is possible that HUMANA may seek in reimbursement of those medical bills.

I would very much appreciate it if you would provide me with any explanation for your position.

I would propose:

1. That you pay the full amount of the medical expenses; the out-of-pocket costs; and the lost wages incurred as a direct result of actions or inactions;



**OR**

2. That you add the out-of-pocket amount of \$2,276.94 to your \$5,500.00 offer, which comes to \$7,776.94. As to the medical bills, you pay to me \$30,050.34 of the medical bills, in case HUMANA come to be reimbursed for the bills incurred in this work injury, I would at least have financial bargaining room to negotiate with them.

3. That this check be paid immediately in a lump sum, through direct deposited to my account.

Otherwise, the only conclusion I can come to, is that Travelers Prop Cas of Amer Insurance Company is refusing to negotiate in good faith.

If no fair and reasonable settlement offer, or explanation for the lack of such offer, is made by July 29, 2019, I will be forced to take further steps regarding Travelers Prop Cas of Amer apparent bad faith.

Yours truly,

Olton Dumas,



Cc: file

Richard C. Davis, Attorney for Respondents

**Exhibit #13-B****STATE OF WISCONSIN DIVISION OF HEARINGS AND APPEALS  
OFFICE OF WORKER'S COMPENSATION HEARINGS**

---

**OLTON DUMAS,  
SSN: XXX-XX-9261  
Employee,****Claim No. 2018016081****v.****KENOSHA BEEF INTL. LTD.,  
Employer,****Date of Injury: 6/20/2018****and****TRAVELERS PROPERTY  
CASUALTY COMPANY OF AMERICA,  
Insurance Carrier.**

---

**FULL AND FINAL COMPROMISE**

---

Olton Dumas, applicant, Kenosha Beef Intl. Ltd., employer, and Travelers Property Casualty Company of America ("Travelers"), insurance carrier, desire to settle, adjust, and compromise the issues arising between them and, to that end, submit this compromise agreement.

It is undisputed that applicant was employed by respondent employer; that the applicant earned a weekly wage of \$722.15; that applicant's date of birth is [REDACTED]; that compensation heretofore paid is \$0.00.

No disability is conceded.

There is a bona fide dispute between the parties as to whether applicant is entitled to any further compensation under Ch. 102, Stats., including, but not limited to TTD/TPD, out-of-pocket expenses, medical expenses, and bad faith/delay in payment.

The date of accidental or occupational left groin, abdominal, and bilateral inguinal hernia injury or disease which has been utilized in this case is June 20, 2018. Regardless of the actual, or any other date or dates of accidental or occupational left groin, abdominal, and



**Exhibit #14**

bilateral inguinal hernia injury or disease which could be or may have been claimed by applicant, the parties agree and understand that this is a full and final compromise of any and all potential dates of accidental or occupational left groin, abdominal, and bilateral inguinal hernia injury or disease while employed at Kenosha Beef Intl. Ltd. Irrespective of Section 102.18(5), Stats., this is a full and final compromise of all left groin, abdominal, and bilateral inguinal hernia related disability whether such arose from or arises from accident or occupational disease at Kenosha Beef Intl. Ltd.

Applicant claims to have sustained a left groin, abdominal, and bilateral inguinal hernia injury. He claims compensation for TTD/TPD, out-of-pocket expenses, medical expenses, and bad faith/delay in payment. In part, applicant relies upon the medical records and reports on file with the Office of Worker's Compensation Hearings.

Respondents deny applicant sustained temporary or permanent disability to the extent claimed. In part, respondents rely upon the medical records and reports on file with the Office of Worker's Compensation Hearings.

To settle the issues in this disputed claim, the parties, subject to the approval of the Office of Worker's Compensation Hearings, agree to a compromise settlement as follows: In full and final compromise and settlement of any and all liability of employer or its insurance carrier, Travelers agrees to pay applicant the lump sum of Ten Thousand Dollars and 00/100 (\$10,000.00), without interest credit.

As consideration for said payment, Kenosha Beef Intl. Ltd. and Travelers shall stand relieved of any and all liability whatsoever to applicant and his dependents for temporary total disability, temporary partial disability, permanent partial disability, out-of-pocket expenses, disfigurement, vocational rehabilitation, loss of earnings capacity, permanent total disability, death benefits, past and future medical expenses, and any and all other liability both present and future, under Ch. 102, Stats., including Sections 102.18(4)(a), 102.18(1)(bp), 102.22, 102.35(3), 102.42(1), 102.43(5), 102.49, 102.56, 102.57 (and 101.11(1)), 102.58, 102.59,



# PRACTITIONER'S REPORT ON ACCIDENT OR INDUSTRIAL DISEASE IN LIEU OF TESTIMONY

**Exhibit # 15**  
 Department of Workforce Development  
 Worker's Compensation Division  
 201 E. Washington Ave., Rm. C100  
 P.O. Box 7901  
 Madison, WI 53707-7901  
 Telephone: (608) 266-1340  
 Fax: (608) 267-0394  
 http://dwd.wisconsin.gov/wc  
 e-mail: DWDDWC@dwd.wisconsin.gov

FILED ON BEHALF OF:

☒ EMPLOYEE

☐ EMPLOYER OR INSURANCE CARRIER

\*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

1. WC Claim Number <b>FCU9871</b>	Employee Name <b>Olton LEE DUMAS</b>	
Employee Social Security Number*	Employee Address <b>3514 50<sup>th</sup> Street Apt. 109</b>	
2. Employer Name <b>KENOSHA BEEF International Ltd</b>		3. Date of Traumatic Event <b>6/20/2018</b>
Employer Address <b>3111 152<sup>nd</sup> AVE Kenosha, WI. 53144</b>		Worker's Compensation Insurance Carrier
4. Describe the accidental event or work exposure to which the patient attributes his/her condition. (A copy of medical history or notes containing this information will suffice if complete.) <b>see attached documents DO</b>  <b>Heavy lifting and/or moving machinery to fulfill work duties - sanitation Dept.</b>		
5. Give a complete description of physical or mental disability and diagnosis. (A copy of the medical history or notes containing this information will suffice if complete and limited to the work injury.) <b>see attached documents: DO</b>  <b>Dr. Licup consult 6/25/18</b>		
6. Did you treat the patient? If so, between what dates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>6/25/18 and 7/30/18</b>	7. Date of last examination or evaluation <b>7/30/18</b>	8. Date disability from work began <b>7/17/18</b>
9. Date injured was or will be able to return to a limited type of work: <b>7/31/18 light duty</b> State any temporary limitations: <b>No lifting, pushing or pulling greater than 10 lbs until 8-14-18.</b>		
10. Date injured was or will be able to return to full time work subject only to permanent limitations: <b>8-14-18 No restrictions</b> State any permanent limitations.		
11. In your opinion, is it probable that the event in Item 4 directly caused the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>unknown</b>		12. If not directly, is it probable that the event described in Item 4 caused the disability by precipitation, aggravation and acceleration of a pre-existing progressively deteriorating or degenerative condition beyond normal progression? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. If the patient suffers from a condition caused by an appreciable period of work place exposure (from Item 4), was that exposure either the sole cause of the condition, or at least a material contributory causative factor in the condition's onset or progression? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>unknown</b>		If yes, give date disability from work began:

14. Has accident or industrial disease resulted in any permanent disability? ☐ Yes ☒ No

15. Estimate percentage of permanent disability to the member, eye or ear involved, or compare to permanent total disability if injury is to torso or head, caused by the accident or work exposure described in Item 4.

NA

16. What elements constitute permanent disability (such as limitation of motion, deformity, weakness, pain, lack of endurance or components of illness, e.g., isiconias, photo toxicity, liver disease)? If limitation of motion, describe nature and percentage of limitation of each part of each member affected. (Make estimates on voluntary, not passive motions.) If amputation, state exact point bone was amputated and whether stump is tender or hardy.

NA

17. What is the prognosis of this disability? If guarded, please explain: Good

18. Do you expect that any further treatment will be necessary for this condition?

☐ Yes ☒ No If YES, explain:

19. Prior to this accident or illness, did employee have any permanent disability?

☐ Yes ☒ No If YES, explain:

20. I am a practitioner licensed in and practicing in Wisconsin.

Practitioner Typed or Printed Name:

Dr. Alan Licup

Practitioner Address (Street or P.O. Box):

10400 75th St. Kenosha, WI 53142

Practitioner Address (City, State and Zip Code):

Practitioner Phone Number:

262-948-7380

College:

#### CERTIFICATION

I certify, subject to the penalty of fine and/or imprisonment, as provided in Sec. 943.39 of the Wisconsin Statutes, that the above report truly and correctly sets forth the history, my findings, diagnosis and opinion.

 7/30/18  
Signature of Practitioner Date Signed

If not licensed and practicing in Wisconsin, state where practitioner is licensed and practicing:

IMPORTANT: Section 102.17(1)(d) of the Wisconsin Statutes provides that the contents of certified medical and surgical reports presented by parties shall constitute prima facie evidence as to the matter contained therein. Reports must be filed with the department and the other parties fifteen days prior to the date of hearing to be acceptable as evidence. If not so filed, it will be necessary to produce the doctor to give oral testimony at the time of hearing.



October 25, 2019

Ms. Natolie Murray

3111 152<sup>nd</sup> Ave.

Kenosha, WI. 53144

IN RE: **Employer: Kenosha Beef International Ltd**

**Employee: Olton Dumas**

**Claim Number: FMH3128**

**Date of Injury: 07/19/2019**

Dear Ms. Murray,

I am writing to you regarding the above stated Claim Number. As you know, on August 16, 2019, I wrote to you about the Light Duty Restriction placed on me by my Health Care Providers relevant to this work injury. I am presently working under those Light Duty Restrictions and assigned to the North Production Department.

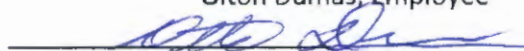
As we are aware, I am an assigned Sanitation Employee, at all-time relevant to this prior to the work injury. However, I was recently informed by you that you will no longer allow me to remain in the assignment as a Sanitation Employee, as a result of the two work injuries reported on June 20, 2018, and the present one reported on July 19, 2019.

This is to inform you that I would like to remain a Sanitation Employee on third shift, where I will receive the same benefits as other third shift employees, or as previously scheduled prior to this latest work injury. Therefore, I oppose any changes in my work schedule, especially changing my assignment to another shift, where I would lose my third shift benefits.

At my next Doctor visit on October 31, 2019, I will be asking that the Light Duty Restrictions be revised, to allow me to lift, maybe 40 pounds that should allow me to lift the sanitation hoes, and carry it to my department.

Thank you for your time and consideration in this matter.

Olton Dumas, Employee



1519 Wisconsin Ave.



Beloit, WI. 53511

(262) 237-4436

Cc: file

Ms. Amanda Tufano, Claim Adjuster